Department of Veterans Affairs		
REQUEST FOR OFFICE MACHINE REPAIRS		
KIND OF MACHINE (Typewriter, adding	machine, etc.)	
MAKE AND SERIAL NUMBER OF MAKE	CHINE	
NAME OF OPERATOR		
ROOM NUMBER AND BUILDING		TELEPHONE NUMBER
SERVICE		
DIVISION OR SECTION		
NATURE OF REPAIRS REQUIRED		
		•
DATE	BY (Signature)	
NOTES OF REPAIRMAN		
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DATE WORK COMPLETED	SIGNATURE OF REPAIRMA	N

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